

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF GRAFTON

BUSINESS CERTIFICATE APPLICATION

DATE: _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

BUSINESS TELEPHONE NO. _____

EMAIL ADDRESS _____

TYPE OF BUSINESS _____

NAME OF PERSON(S) CONDUCTING SAID BUSINESS

NAME

ADDRESS

_____	_____
_____	_____
_____	_____

SIGNED:

_____	_____
_____	_____
_____	_____

THE COMMONWEALTH OF MASSACHUSETTS

_____ ss. _____ 20__

On this _____ day of _____, 20__ before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which were _____ to be the person whose name is signed on the preceding or attached document in my presence.

Notary Public

My commission expires _____